STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

| I. Name of Lobby | _{rist(s)} James J. B | ianco, Jr.; Adam S | chmidt; Karen Soucy; | Kathy Corey Fox |
|--|------------------------------------|--|---|---|
| II. Name of lobby | vist's partnership, fir | m or corporation, if an | ıy: | |
| Bianco Pro | fessional Associ | ation | | |
| (| (Name of partnership, fi | rm or corporation) | | |
| 18 Centre | Street | Concord | NH | 03301 |
| Business Address: | (Street) | (Town/City) | (State) | (Zip Code) |
| (603) <u>225-717</u> (Telepho | ne) | (603) 226-0165 (Fax) | e-mail_ attys@ | biancopa.com_ |
| | | ne – file separate repor h are not attributable t | | ay file a separate report for |
| X All reportable | transactions occurring | g in the months prior to t | he reporting date relative to t | he following client: |
| WellCare He | ealth Plans, Inc. | | | <u> </u> |
| | (Full Name of Cl | ient as it appears on the Lol | bbyist Registration Form) | |
| <u>OR</u> | | | | |
| ☐ All reportable tunrelated to any pa | | obyist (including the lobb | byist's family), or the lobbyir | ng firm listed below which are |
| IV. Date of Repor | rt April 26, 2017 | | July 26, 2017 | |
| Reports cover: | activity from date of rep | gistration to 3/31/17 | activity from 4/1/17 to 6/30/1 | 7 |
| | October 25, 20 activity from 7/1/1 | | January 31, 2018 A activity from 10/1/17 to 12/3 | 1/17 |
| V. There have k If this box is check Concord, NH 033 | ked, complete just this | ed and no reportable form and submit it to th | transactions made since e Secretary of State's Office, | the last report. □ State House, Room 204, |
| VI Check if addi | itional reports are at | tached: | | |
| / | <u>-</u> | | ile Addendum A -Fees and I | Expenses |
| ☐ If you have pa Expense Reimbur | | reimbursed expenses, yo | u must file Addendum B-R | eport of Honorariums or |
| • | | s made political contribu | utions, you must file Addend | um C- Political Contributions |
| I have read RSA 1 | byist) | 4-C and RSA 664 and he | ereby swear or affirm that the | reforegoing information is true ate) RECEIVED |
| (Print Name of lo | | | | |

JAN 3 0 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

LEASE PRIN

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| II. Name of lobbyist's partnership, firm or corporation, if any: | |
|--|--|
| Bianco Professional Association | |
| (Name of partnership, firm or corporation) III. Name of Client WellCare Health Plans, Inc. | Date 01/24/2018 |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses: | t relations, or public relations servi- |
| a) Total of all fees received in this reporting period | a) \$7,586 |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y | b) \$37,157 |
| c) Total of all fees received to date (Add lines a and b) | c) \$44,743 |
| d) Indicate the amount of any such fees that are due, but have not yet been paid | d) \$625 |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to re fees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) th during the reporting period for salaries, benefits, support staff, and office e individual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbic (c) an itemized statement of each individual expenditure made during this rep any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported. | client and if expenditures are made may be filed for the lobbyist(s)/file eaggregate total of all expenses pexpenses; (b) the aggregate total of ole: meals purchased during a busin east than \$10 that is given to the persed with a value of \$25.00 or less); a orting period of greater than \$25.00 ure of greater than \$25, purchase over than \$25, but not greater than \$3, expense reimbursement, or politic |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. | a) \$11,336 |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. | b) \$0 |
| in a), or 525 or less. | ··· |

| d) Total expenses for this reporting period (Add lines a, b and c) | d) \$ |
|--|------------------------------------|
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e) \$ |
| f) Total of all expenses year to date | f) \$ |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged. | obbying fees during this reporting |
| Paid to: | Amount: |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | |
| | |
| Sworn Statement/Affirmation by Lobbyist | |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief. | m that the foregoing information |
| | 01/24/2018 |
| (Signature of lobbyist) | (Date) |
| James J. Bianco, Jr. | |
| (Print Name of lobbyist) | |

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

| Name of Lobbying partne | rship, firm, or corpo | oration: Bianco Profess | ional Association |
|--|---|---|--|
| | | | corporation and not related to any |
| particular client): WellC | | · | |
| | • | | |
| Date of Report (check on | e): | | |
| April 26, 2017 □ | July 26, 2017 □ | October 25, 2017 □ | January 31, 2018 🕱 |
| I have read RSA 15, RSA the following Addendum submitted): | A 15-B, RSA 664, the s submitted with the | ne Statement of Income an at Statement (insert the nu | nd Expenses described above, and umber of Addendum forms being |
| l Addendum A(s). | | | |
| Addendum B(s). | | | |
| Addendum C(s). | | | |
| I hereby swear or affirm complete to the best of m | | | nt and each Addendum is true and |
| (Digitature of 1000y 15t) | | | (= 3.7) |
| Adam Schmidt | | | |
| (Print Name of lobbyist) | | | |

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

| lame of Lobbying partnership, firm, or corporation: Bianco Professional Association | | | |
|---|-------------|--------------------|----------------------------------|
| Name of Client (leave blank if Star | | | |
| particular client): WellCare He | alth Plans, | Inc. | |
| Date of Report (check one): | | | |
| April 26, 2017 □ July 26, 2 | 2017 🗆 | October 25, 2017 □ | January 31, 2018 🕱 |
| I have read RSA 15, RSA 15-B, F the following Addendums submitt submitted): | | | |
| Addendum A(s). | | | |
| Addendum B(s). | | | |
| Addendum C(s). | | | |
| I hereby swear or affirm that the f complete to the best of my knowle | | | nt and each Addendum is true and |
| (Signature of lobbyist) | | | (Date) |
| Karen Soucy | | | |
| (Print Name of lobbyist) | | | |

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

| Sworn | Staten | nent/Aff | irmat | tion b | y Lo | bbyist |
|--------|--------|----------|-------|--------|--------|--------|
| Statem | ent of | Income | and I | Expen | ises i | for: |

| Name of Lobbying par | rtnership, firm, or corpo | oration: Bianco Profess | ional Association |
|-------------------------|--|-------------------------|--|
| | | | corporation and not related to any |
| particular client): We | ellCare Health Plans | s, Inc. | |
| Date of Report (check | one): | | |
| April 26, 2017 □ | July 26, 2017 □ | October 25, 2017 □ | January 31, 2018 🕱 |
| | | | nd Expenses described above, and umber of Addendum forms being |
| Addendum A(| s). | | |
| Addendum B(| s). | | |
| Addendum C(| s). | | |
| complete to the best of | m that the foregoing in fmy knowledge and be | lief. | of and each Addendum is true and |
| (Signature of loodyist) | • | | (Date) |
| Kathy Corey Fox | | | |
| (Print Name of lobbyis | st) | | |